Illinois Department of Agriculture Bureau of Weights and Measures State Fairgrounds, P.O. Box 19281 Springfield, IL 62794-9281

Email to: AGR.WM.PIS@illinois.gov



Bureau of Weights and Measures ILLINOIS PLACED IN SERVICE REPORT

1001 LBS. + CAPACITY SCALES

ALL INFORMATION MUST BE ACCURATE AND COMPLETE

REASON FOR PLACED NOTE: **BUSINESS INFORMATION**

NAME:			E REPORT?	IE SERVICE	WORK IS BEING I	OONE BECAUSE OF	DECAL NUMBER
ADDRESS:		REJECTED				ICLUDE BUSINESS	
CITY:		NEW or	ATION	NUMBER FF	ROM TAG OR STATE	TEST REPORT	Printed Name of Service
COUNTY:				D!	N		<u>Person</u>
PHONE NUMBER:		OVERHAUL		Business	No		
	IN	CREASIN	G LOAD &	SHIFT	TEST (LB	S.)	ING REQUIREMENTS
MARKING REQUIREMENTS	- SCALE INDICATOR	SECTION	LOAD	SCALE	ERROR	, IVIARK	LOAD CELLS:
MANUFACTURER:		NUMBER	APPLIED	READING	(+/-)	AAANUEAOTUBED.	
MODEL NO:						MANUFACTURER:	
SERIAL NO:						MODEL NO:	
C.O.C. #:						SERIAL NO:	
NOMINAL CAPACITY (LBS):						C.O.C. #:	
VALUE OF DIVISIONS (LBS):						N MAX:	WEIGHIDDIDGE.
CAPACITY (LBS):							WEIGHBRIDGE:
DIVISIONS							
TYPE OF RECORDER						MODEL NO:	
DIGITAL	DIAL					SERIAL NO:	
BEAM	OTHER					C.O.C. #:	
TYPE OF SCALE NEW?						CAPACITY (LBS):	
<u>VEHICLE</u>	<u>HOPPER</u>					_	OTHER:
PIT	DRY					MANUFACTURER:	
LOW PROFILE	LIQUID					MODEL NO:	
TEMPORARY	GRAIN HOPPER					SERIAL NO:	
FIXED AXLE	FERTILIZER					C.O.C. #:	
OTHER	VERT BLENDER					CAPACITY (LBS):	
BELT CONVEYOR	ASPHALT					<u>IS</u>	DEVICE SEALED?
FLOOR SCALE	AGGREGATE					YES	NO
FORK LIFT	, iddited/iie					SEALS HAVE	SERVICE PERSON NUMBER
LIVESTOCK	WRITE IN:					YES	NO
ANIMAL						DEV	ICE IS SEALED BY?

*REMOTE INDICATOR/SCOREBOARD

YES NO

IF YES, IS IT ACCURATE? YES

ALW / WLW

ALL REQUIRED MARKINGS ON EVERY DEVICE?

YES NO

(INDICATOR, WEIGHBRIDGE, LOAD CELL(S), ETC.)

IS THE SCALE USED FOR POLICE ENFORCEMENT

OF HIGHWAY WEIGHT LAWS?

YES NO

STRAIN TEST (LBS)*

CHECK IF NOT APPLICABLE→

Connected to a printer

WIRE AND LEAD

AUDIT TRAIL

DISTRIBUTION:

W & M Office W & M Inspector Device Owner(s)

Service Person/Company

SERVICE PERSON

Tamper evident security seal

NUMBERS FROM EVENT LOGGER

CALIBRATION NUMBER

CONFIGURATION NUMBER

TRUCK TEST TOTAL **SCALE ERROR** READING WEIGHT WEIGHTS WEIGHT (+/-)

FOR ALL SCALES:

1. Does the installation meet all specifications and tolerances of the Illinois Weights and Measures Act and NIST HB44? YFS NO YES NO 2. Is Equipment rebuilt? 3. Have you confirmed the device is being used commercially? YES NO

NEW VEHICLE SCALES:

- 1. Is the floor of the pit constructed with suitable drainage? YES YFS
- 2. Do the approaches conform to NIST H44?

NO

NO

. INCHES OF CLEARANCE FROM BOTTOM OF I-BEAM TO THE TOP OF THE CONCRETE FLOOR

FEET OF CLEARANCE AROUND THE SIDES OF A PITLESS SCALE

5. IF PORTABLE / TEMPORARY, WHAT IS THE SCALE USE?

SPECIAL NOTICE

This form will allow the temporary commercial use of the device described herein, pending its official inspections, when countersigned by the owner or user of the device.

SERVICE PERSON NAME	REGISTRATION NUMBER	DATE
SERVICE COMPANY	REGISTRATION NUMBER	DATE

By checking this box, this form will allow the temporary commercial use of the device described herein, pending its official inspection of the device

SIGNED: .

OWNER / MANAGER / USER

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 815ILCS 370/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. (IL406-1441) (Rev. 04-10)

NOTE: FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION WILL RESULT IN A NON-COMPLIANCE REPORT. RETURN OF THIS FORM AND POSSIBLY AN ADMINISTRATIVE HEARING.